

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: PROPHYLACTIC AND THERAPEUTIC  
TREATMENT OF INFECTIOUS AND OTHER  
DISEASES WITH MONO- AND  
DISACCHARIDE-BASED COMPOUNDS

Attorney Docket Number:: 014058-017650US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 26

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: H.  
Family Name:: Persing  
Name Suffix::  
City of Residence:: Redmond  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of Mailing Address:: 22401 North East 25th Way  
City of Mailing Address:: Redmond  
State or Province of mailing address:: WA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 98053

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Richard  
Middle Name:: Thomas  
Family Name:: Crane  
Name Suffix::  
City of Residence:: Hamilton  
State or Province of Residence:: MT  
Country of Residence:: US  
Street of Mailing Address:: 225 Nighthawk Lane  
City of Mailing Address:: Hamilton  
State or Province of mailing address:: MT  
Country of mailing address::  
Postal or Zip Code of mailing address:: 59840

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gary  
Middle Name:: T.  
Family Name:: Elliott  
Name Suffix::  
City of Residence:: Stevensville  
State or Province of Residence:: MT  
Country of Residence:: US  
Street of Mailing Address:: 100 College Street  
City of Mailing Address:: Stevensville  
State or Province of mailing address:: MT  
Country of mailing address::  
Postal or Zip Code of mailing address:: 59870

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: J.  
Middle Name:: Terry  
Family Name:: Ulrich  
Name Suffix::  
City of Residence:: Corvallis  
State or Province of Residence:: MT  
Country of Residence:: US  
Street of Mailing Address:: 883 Hamilton Heights Road  
City of Mailing Address:: Corvallis  
State or Province of mailing address:: MT  
Country of mailing address::  
Postal or Zip Code of mailing address:: 59828

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: J.  
Family Name:: Lacy  
Name Suffix::  
City of Residence:: Hamilton  
State or Province of Residence:: MT  
Country of Residence:: US  
Street of Mailing Address:: 140 High Road  
City of Mailing Address:: Hamilton  
State or Province of mailing address:: MT  
Country of mailing address::  
Postal or Zip Code of mailing address:: 59840

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: A.  
Family Name:: Johnson  
Name Suffix::  
City of Residence:: Hamilton  
State or Province of Residence:: MT  
Country of Residence:: US  
Street of Mailing Address:: 121 Woodland Way  
City of Mailing Address:: Hamilton  
State or Province of mailing address:: MT  
Country of mailing address::  
Postal or Zip Code of mailing address:: 59840

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US

Status:: Full Capacity  
Given Name:: Jory  
Middle Name:: R.  
Family Name:: Baldridge  
Name Suffix::  
City of Residence:: Victor  
State or Province of Residence:: MT  
Country of Residence:: US  
Street of Mailing Address:: 1862 Mountain Meadow Lane  
City of Mailing Address:: Victor  
State or Province of mailing address:: MT  
Country of mailing address::  
Postal or Zip Code of mailing address:: 59875

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Rong  
Middle Name::  
Family Name:: Wang  
Name Suffix::  
City of Residence:: Missoula  
State or Province of Residence:: MT  
Country of Residence:: US  
Street of Mailing Address:: 2070 Cooper Street, Apt. 632  
City of Mailing Address:: Missoula  
State or Province of mailing address:: MT  
Country of mailing address::  
Postal or Zip Code of mailing address:: 59808

#### **Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/991,376	11/20/01
09/991,376	Continuation-in-part of	09/861,466	05/18/01
09/861,466	Non-Provisional of	60/281,567	04/04/01
09/861,466	Non-Provisional of	60/205,820	05/19/00

**Foreign Priority Information**

Country::	Application number::	Filing Date::
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**Assignee Information**

Assignee Name::	Corixa Corporation
Street of mailing address::	1124 Columbia Street, Suite 200
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98104